

-63-008056

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 13

STATE FILE NUMBER

FILED FEB 27 1963

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE MO b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LUCERNE		c. CITY OR TOWN LUCERNE	
Length of stay in 1b 0 MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION L		d. STREET ADDRESS (If outside, give location) L	
3. NAME OF DECEASED (Type or print) First JOETHA Middle MARIE Last EDWARDS		4. DATE OF DEATH Month FEB - Day 18 - Year 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-20-62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) L		10b. KIND OF BUSINESS OR INDUSTRY L	
11a. BIRTHPLACE (City and state or country) PRINCETON, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME MAX EDWARDS		13b. MOTHER'S MAIDEN NAME DARLENE BRAD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) L		17. INFORMANT Address MAX EDWARDS LUCERNE, MO	
18. CAUSE OF DEATH (Enter only one cause per line) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Viral Interstitial pneumoniae DUE TO (b) Virus DUE TO (c) Virus enteritis		INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Virus enteritis		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from _____, to _____ and last saw her/him alive on _____	
22a. SIGNATURE (Degree or title) Charles L. Judd, D.O.		22b. ADDRESS substance no. Unionville MO	
22c. DATE SIGNED 2-19-63		23a. BURIAL, CREMATION, REMOVAL (Specify) B.	
23b. DATE 2-20-63		23c. NAME OF CEMETERY OR CREMATORY LUCERNE CEM.	
23d. LOCATION (City, town, or county) LUCERNE MO.		24. FUNERAL DIRECTOR ADDRESS FD. HUSTON & SONS - Unionville MO	
25. DATE RECD. BY LOCAL REG. 2-20-63		26. REGISTRAR'S SIGNATURE Marvell Durbin	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 0860

2 0860

3

4 1

5 0

6

7 0

8 1

9 525X

10

11

12 90-3

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Murl E. Husch

Licensed Embalmer No.

3304

P. O. Address

Monroe Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.